

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

## Instructions

Print in ink or type.

Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza  
d., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-  
0630.

- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Haynie Randy K  
Last First MI

2. BUSINESS PHONE (225) 336-4163

3. BUSINESS ADDRESS 1465 Ted Dunham Drive, Baton Rouge, LA 70802  
Street and No. City State Zip

MAILING ADDRESS P.O. Box 44032, Capital Station Baton Rouge, LA 70804  
Street and No. City State Zip

4. EMPLOYER Self-Employed

5. EMPLOYER'S ADDRESS Same as above  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes      No ~~Yes~~

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name McGlinchey Stafford Law Firm

Address 643 Magazine Street New Orleans, LA 70130

Business or purpose Law Offices

☒ New Representation  
Does this person pay you? Yes

If No, who pays you?     

☐ Terminated Representation as of     

FOR OFFICE USE ONLY

Postmark Date: 10-9-01

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**SUPPLEMENTAL REGISTRATION FORM**

**Lobbyist's Registration Number**

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

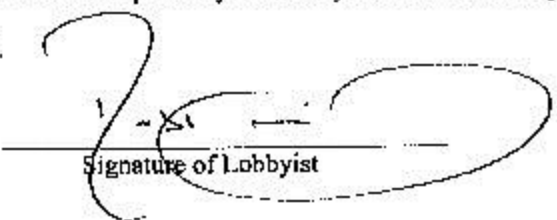
☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist